

# ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/04/2010

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:

NYR000173948

INSTALLATION NAME:

BARCLAYS CENTER AT ATLANTIC YARDS

INSTALLATION ADDRESS:

620 ATLANTIC AVE BROOKLYN, NY 11217

**MAILING ADDRESS:** 

1 METROTECH CENTER BROOKLYN, NY 11201

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: BARCLAYS CENTER AT ATLANTIC YARDS

or Current Occupant

ATTN: ROBERT SANNA

1 METROTECH CENTER BROOKLYN, NY, 11201 The second second second

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2	ON	/IB# 2050-0024;	; Expires 11/30/2011	AGERICY, REPIGN II					
7		ND MPI STED		2010 APR 22 AM 9: 24					
7	FO	OMPLETED ORM TO:	United States Environmental Protection A						
3		e Appropriate ate or Regional	RCRA SUBTITLE C SITE IDENTIFICATIO	N FORM					
2		fice.		PAOT					
ر	1.	Reason for	Reason for Submittal:						
		Submittal	▼ To provide an Initial Notification (first time submitting site identification for this location)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submitting site identification)  ▼ To provide an Initial Notification (first time submi	on information / to obtain an EPA ID number					
		MARK ALL	To provide a Subsequent Notification (to update site identification in	formation for this location)					
	Е	BOX(ES) THAT APPLY	As a component of a First RCRA Hazardous Waste Part A Permit A	pplication					
		74121	As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)						
)			As a component of the Hazardous Waste Report (If marked, see sul						
^ ^			LISite was a TSD facility and/or generator of ≥1,000 kg of hazardor >100 kg of acute hazardous waste spill cleanup <u>in one or more marks</u>						
-	,		LQG regulations)						
	2.	Site EPA ID Number	EPA ID Number [NYR]000[173]948						
	3.	Site Name	Name: BARCLAYS CENTER AT ATLANTIC YARDS						
ب	4.		Street Address: 620 ATLANTIC AVENUE						
		Information	City, Town, or Village: BROOKLYN	' County: KINGS					
			State: NY Country: USA	Zip Code:11217					
_	5.	Site Land Type	Private County District Federal Tribal	☐ Municipal ☐ State ☐ Other					
	6.	NAICS Code(s) for the Site	) A. 2 3 3 3 2 0 C.						
		(at least 5-digit codes)	в.               р.						
	7.	Site Mailing Address	Street or P.O. Box: ONE METROTECH CENTER						
			City, Town, or Village: BROOKLYN	14004					
			State: NY Country: USA	Zip Code: 11201					
	8.	Site Contact Person	First Name: ROBERT MI: Last: SANNA  Title: EXECUTIVE VICE PRESIDENT						
			Street or P.O. Box: ONE METROTECH CENTER						
7									
			City, Town or Village: BROOKLYN State: NY Country: KINGS	<b>Zip Code:</b> 11201					
)			Email: bsanna@fcrc.com	Zip Code: 11201					
			Phone: 718-923-8400 Ext.:	Fax:					
	9.	Legal Owner	NYS URBAN DEVELOPMENT CORP.	Date Became					
	3.	and Operator	D/B/A EMPIRE STATE DEVELOPMENT (						
		of the Site	Owner Type: Private County District Federal Trib	al Municipal State Other					
			Street or P.O. Box: 633 THIRD AVENUE	212 802 2750					
7			City, Town, or Village: NEW YORK	Phone: 212-803-3750					
			State: NY Country: USA	Zip Code: 10017  Date Became					
į.			B. Name of Site's Operator: BROOKLYN ARENA, LLC	Operator: 3/4/20/0					
			Operator Type: Private County District Federal Trib	al Municipal State Other					

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HON SENTAL PROTECTION A JET DY, REGION II

EPA ID Number | | | | | | | | | | | OMB#: 2050-0024; Expires 11/30/2011 10. Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed. A. Hazardous Waste Activities; Complete all parts 1-7. Y N 🗵 2. Transporter of Hazardous Waste YXN 1. Generator of Hazardous Waste If "Yes", mark all that apply. If "Yes", mark only one of the following - a, b, or c. a. Transporter I a. LQG:

■ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or b. Transfer Facility (at your site) Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 Y N X 3. Treater, Storer, or Disposer of lbs./mo) of acute hazardous waste; or Hazardous Waste Note: A hazardous Generates, in any calendar month, or waste permit is required for these activities. accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup Y N X 4. Recycler of Hazardous Waste material. b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo) of nonacute hazardous waste. C. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute Y N D 5. Exempt Boiler and/or Industrial Furnace hazardous waste. If "Yes", mark all that apply. a. Small Quantity On-site Burner If "Yes" above, indicate other generator activities. Exemption b. Smelting, Melting, and Refining Y D N 🗵 d. Short-Term Generator (generate from a short-term or one-**Furnace Exemption** time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. Y 🗖 N 🗵 e. United States Importer of Hazardous Waste Y N 8 6. Underground Injection Control YDNX f. Mixed Waste (hazardous and radioactive) Generator Y N X 7. Receives Hazardous Waste from Off-site B. Universal Waste Activities; Complete all parts 1-2. C. Used Oil Activities; Complete all parts 1-4. Y N X 1. Used Oil Transporter Y N X 1. Large Quantity Handler of Universal Waste (you If "Yes", mark all that apply. accumulate 5,000 kg or more) [refer to your State a. Transporter regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", b. Transfer Facility (at your site) mark all that apply. Y ☐ N 🕱 2. Used Oil Processor and/or Re-refiner a. Batteries If "Yes", mark all that apply. b. Pesticides a. Processor c. Mercury containing equipment b. Re-refiner d. Lamps e. Other (specify) Y N X 3. Off-Specification Used Oil Burner f. Other (specify) \_\_\_\_\_ g. Other (specify) Y N X 4. Used Oil Fuel Marketer If "Yes", mark all that apply. a. Marketer Who Directs Shipment of Y N X 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this Off-Specification Used Oil to Off-Specification Used Oil Burner activity. b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA	ID Number				OME	3#: 2050-0024; Ex	pires 11/30/2011
		lemic Entities with I uant to 40 CFR Part		ication for opting in	to or withdrawing fr	rom managing labor	atory hazardous
	❖ You mu 262 Su	<u>ıst</u> check with your St bpart K	tate to determine if yo	ou are eligible to man	age laboratory hazar	rdous wastes pursuar	nt to 40 CFR Part
	See the it	em-by-item instruct ege or University	ions for definitions	of types of eligible	ne management of ha academic entities. I n agreement with a c		boratories
$\boxtimes_2$		•			n agreement with a c zardous wastes in lab	,	
		of Hazardous Waste		<u></u>			
<b>A. V</b>	Vaste Codes	for Federally Regu t them in the order th	lated Hazardous Wa	astes. Please list the he regulations (e.g., l	e waste codes of the D001, D003, F007, U	Federal hazardous w l112). Use an additio	astes handled at nal page if more
	D001	D006					
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h		astes handled at your				te codes of the State- ns. Use an additiona	
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EPA ID Number		OMB#: 2050-0024; Expires 11/30/2011
12. Notification of Hazardous Secondary Mater	ial (HSM) Activity	
	.42 that you will begin managing, are managin 61.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25 um to the Site Identification Form: Notification	5)?
13. Comments		
Waste being generated include	les soil from excavation t	o facilitate construction
	,	
	*	
14. Certification. I certify under penalty of law that accordance with a system designed to assure on my inquiry of the person or persons who may information submitted is, to the best of my known penalties for submitting false information, inclusively Hazardous Waste Part A Permit Application, a	that qualified personnel properly gather and evanage the system, or those persons directly rewledge and belief, true, accurate, and completeding the possibility of fines and imprisonment	valuate the information submitted. Based sponsible for gathering the information, the e. I am aware that there are significant for knowing violations. For the RCRA
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
15	ROBERT SANNA VICE PRESIDENT OF NETS SPORTS AND	04/20/2010
*	ENTERTAINMENT, LLC, AS MANAGING MEMBER OF BROOKLYN ARENA, LLC	

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# ACKNOWLEDGEMENT OF NOTIFICATION HAZARDOUS WASTE ACTIVITY

07/01/2011

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000173948

INSTALLATION NAME:

**BARCLAYS CENTER AT ATLANTIC YARDS** 

INSTALLATION ADDRESS:

**620 ATLANTIC AVE BROOKLYN, NY 11217** 

MAILING ADDRESS:

1 METROTECH CENTER **BROOKLYN, NY 11201** 

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2 RCRA Programs Branch** 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: BARCLAYS CENTER AT ATLANTIC YARDS

or Current Occupant

ATTN: ROBERT SANNA

1 METROTECH CENTER **BROOKLYN, NY 11201** 

0	MB# 2050-0024;	Expires 11/30/2011			VIRONMENTAL PROTECTION				
C F T S	END OMPLETED ORM TO: he Appropriate tate or Regional iffice.			ental Protection Ager	AGENCY, REGION II				
1.	MARK ALL BOX(ES) THAT APPLY	for this location)  To provide a Subsequent Notifice As a component of a First RCR. As a component of a Revised R  As a component of the Hazardo Site was a TSD facility and/o >100 kg of acute hazardous	☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number						
2.	Site EPA ID Number	EPA ID Number NYR000	0   1   7	3   9   4   8					
3.	Site Name	Name: BARCLAYS CENTER AT A	TLANTIC YA	ARDS					
4.	Site Location	Street Address: 620 ATLANTIC AVENUE							
	illiorillation	City, Town, or Village: BROOKLYN	<del>***</del>		County: KINGS				
		State: NY	Country: U	ISA	Zip Code: 11217				
5.	Site Land Type	Private County Distri	ct 🔲 Fed	deral 🔲 Tribal 🔲 N	flunicipal State Dother				
6.	NAICS Code(s) for the Site	<b>A</b> . 2 3 3 3 2	0	c					
	(at least 5-digit codes)	В. [		D					
7.	Site Mailing	Street or P.O. Box: ONE METROTE	CH CENTE	R					
	Address	City, Town, or Village: BROOKLYN							
		State: NY	Country: U	SA	Zip Code: 11201				
8.	Site Contact	First Name: ROBERT	MI:	Last: SANNA					
	Person	Title: EXECUTIVE VICE PRESIDEN	NT.						
ŀ		Street or P.O. Box: ONE METROTEC	CH CENTER	* *					
		City, Town or Village: BROOKLYN							
		State: NY	Country: K	INGS	Zip Code: 11201				
		Email: bsanna@fcrc.com							
L		Phone: 718-923-8400	Ex		Fax:				
9.	Legal Owner and Operator	A Name of Site's Logal Owners		COPMENT CORP. PATE DEVELOPMENT CO.	Date Became Owner: 3 4 2010				
	of the Site	Owner Type: Private County	District	Federal Tribal	■ Municipal   State □ Other				
		Street or P.O. Box: 633 THIRD AVEN	NUE						
		City, Town, or Village: NEW YORK		-1	Phone: 212-803-3750				
		State: NY	Country: L	JSA	<b>Zip Code:</b> 10017				
		B. Name of Site's Operator: Brooklyn	Events Cer	nter, LLC	Operator: 3 4 2017				
		Operator Type: Private County	District	☐ Federal ☐ Tribal	☐ Municipal ☐ State ☐ Other				

Rec 5/35/11 Culled a emailed 5/25, 5/3i/11 Ch 4/8/4 Page 1 of 4

Ms Chiarelli provided vieneuslipa operation dates (R)

11117.11.24 F. 4-16

EPA ID NI	umper							OMB#: 2050-0024; Expires 11/30/2011
10. Type o Mark	of Regi "Yes"	ula or '	ted Waste "No" for al	Activity (at your site) Il <u>current</u> activities (as of the c	date submitting the	form); co	mp	lete any additional boxes as instructed.
A. Hazar	dous V	Vas	te Activitie	es; Complete all parts 1-7.				
Υ×Ν	1.			f Hazardous Waste rk only one of the following –	a, b, or c.	YIN	K :	2. Transporter of Hazardous Waste If "Yes", mark all that apply.
		a.	LQG:	Generates, in any calendar mo (2,200 lbs./mo.) or more of haz Generates, in any calendar mo accumulates at any time, more lbs./mo) of acute hazardous was Generates, in any calendar mo accumulates at any time, more (220 lbs./mo) of acute hazardo	zardous waste; or onth, or than 1 kg/mo (2.2 aste; or onth, or than 100 kg/mo			<ul> <li>a. Transporter</li> <li>b. Transfer Facility (at your site)</li> <li>3. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste permit is required for these activities.</li> </ul>
		b.	SQG:	material. 100 to 1,000 kg/mo (220 – 2,20	00 lbs./mo) of non-	YUNE	<b>y</b> 4	4. Recycler of Hazardous Waste
	_			acute hazardous waste.  Less than 100 kg/mo (220 lbs./ hazardous waste.		YDND	] (	5. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply.  a. Small Quantity On-site Burner
		IT "	'Yes" abov	ve, indicate other generator ac	tivities.			Exemption
YONE	3	d.	time event	m Generator (generate from a si t and not from on-going process n explanation in the Comments s	ses). If "Yes",			b. Smelting, Melting, and Refining Furnace Exemption
Y 🗆 N 🗵	3	e.	United Sta	ates Importer of Hazardous Was	ste	YDNE	₫ 6	3. Underground Injection Control
Y 🗌 N 🗵	3	f.	Mixed Was	ste (hazardous and radioactive)	Generator	YNN	₫ 7	7. Receives Hazardous Waste from Off-site
B. Univer	rsal Wa	ıste	Activities	s; Complete all parts 1-2.		C. Used	Oil	Activities; Complete all parts 1-4.
Υ□N	N 🗷	1.	accumula regulation	antity Handler of Universal Wate 5,000 kg or more) [refer to us to determine what is regulativersal waste managed at your hat apply.	your State ated]. Indicate	YINE		<ul> <li>I. Used Oil Transporter If "Yes", mark all that apply.</li> <li>a. Transporter</li> <li>b. Transfer Facility (at your site)</li> </ul>
			a. Batterie	es		YONE	2	2. Used Oil Processor and/or Re-refiner
			b. Pesticio	des			_	If "Yes", mark all that apply.
			c. Mercury	y containing equipment			ı	a. Processor
			d. Lamps					b. Re-refiner
				specify)		VENE	71 A	Off Co ! C ! ! O!! D
				specify)		YLINE	<u> </u>	3. Off-Specification Used Oil Burner
			g. Other (s	specify)		YNX	3 4	<ol> <li>Used Oil Fuel Marketer         If "Yes", mark all that apply.     </li> </ol>
ΥΠΝ				on Facility for Universal Waste azardous waste permit may be				<ul> <li>a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</li> <li>b. Marketer Who First Claims the Used Oil Meets the Specifications</li> </ul>

31-2

EPA ID Nu	ımber				OMI	B#: 2050-0024; Ex	pires 11/30/2011		
D. Eligible wastes	e Acad s pursu	emic Entities with ant to 40 CFR Part	Laboratories—Notif	fication for opting ir	nto or withdrawing f	rom managing labo	ratory hazardous		
* \ 2	You <u>mu</u> 262 Sub	<u>st</u> check with your S opart K	state to determine if y	ou are eligible to mar	nage laboratory haza	rdous wastes pursua	nt to 40 CFR Part		
See	1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply: a. College or University								
	o. Teac	ching Hospital that is	owned by or has a f	ormal written affiliatio	n agreement with a c	college or university			
	. Non-	profit Institute that is	s owned by or has a f	formal written affiliation	on agreement with a	college or university			
■ 2. With	hdrawin	ng from 40 CFR Part	t 262 Subpart K for th	ne management of ha	zardous wastes in la	boratories			
11. Descri	ption o	f Hazardous Waste	)						
your sit	Codes te. List are ne	them in the order th	ulated Hazardous W ney are presented in t	astes. Please list the regulations (e.g.,	e waste codes of the D001, D003, F007, U	Federal hazardous w J112). Use an additio	vastes handled at onal page if more		
D001		D006					-		
					*				
					4				
hazard	Codes ous was are ne	stes handled at you	d (i.e., non-Federal) r site. List them in the	Hazardous Wastes e order they are pres	. Please list the wast ented in the regulation	te codes of the State- ns. Use an additiona	Regulated al page if more		
		FEET - 1500 1500 1500 1500 1500 1500 1500 15			,				
					< 1				

EPA ID Number		OMB#: 2050-0024; Expires 11/30/2011
12. Notification of Hazardous Secondary Materi	ial (HSM) Activity	
secondary material under 40 CFR 26	42 that you will begin managing, are managing 1.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25 cm to the Site Identification Form: Notification	)?
13. Comments		19419-441
Waste being generated includ	es soil from excavation to	facilitate construction
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	The state of the s	
	, 100 100 100 100 100 100 100 100 100 10	
	1927.2.5	MICOSON CONTRACTOR CON
	THE STATE OF THE S	The state of the s
3180000	- 10 Wester	
***************************************	MATERIAL AND AND THE REST.	
14. Certification. I certify under penalty of law tha accordance with a system designed to assure t on my inquiry of the person or persons who ma information submitted is, to the best of my know penalties for submitting false information, included Hazardous Waste Part A Permit Application, all	that qualified personnel properly gather and even anage the system, or those persons directly resoluted wedge and belief, true, accurate, and completed ding the possibility of fines and imprisonment f	valuate the information submitted. Based sponsible for gathering the information, the e. I am aware that there are significant or knowing violations. For the RCRA
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
O .	ROBERT SANNA VICE PRESIDENT OF NETS SPORTS AND	05/19/2011
	ENTERTAINMENT, LLC, AS MANAGING MEMBER OF BROOKLYN EVENTS CENTER, LLC	

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Report run on: March 10, 2017 - 2:04 PM Version 5.0

User Selection Criteria

Location:

New York, all activities

Activity Location:

None Chosen

Handler ID:

NYR000173948

Group of IDs:

None Chosen

Handler Name:

Handler Universe:

All Facilities Regardless of Universe

Determined Date Range: From: 10/01/1980 To: 03/10/2017

Location County Code: None Chosen

**Evaluation Type:** 

Location City:

State District:

Focus Area:

Location Zip Code:

Violation Type:

None Chosen

Display Code Descrip.: Yes

Sort Order:

Region, State, Handler Name

Display Universes:

#### Results

Data meeting the criteria you selected follows.

**Total Pages: 8** 

**Total Handlers:1** 

#### Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

#### Report Information

Name:

cme foia.rdf

Developed by:

EPA Headquarters, Office of Enforcement and Compliance Assurance

Deployed: Last Updated: June 2006 May 2012

Contact:

rcrainfo.help@epa.gov

Tables Used:

cmecomp3, ccitation3, hreport univ5, lu citation, lu state, hid groups

Libraries:

Report run on: March 10, 2017 - 2:04 PM

ARCLAYS CENT	TER AT ATLA	NTIC YARDS		County Na	me / Code: KIN	GS / NY047			NYR000173948
		ROOKLYN, NY 11217							REGION 02
tivity Location: NJ	ECH CENTER; E	SROOKLYN, NY 11217 State District:		Accessibility:	N	Ion-Notifier:		Extract Fla	ag: Y Active Site: N
enerator:	N	Transporter:		Operating TSDF:		IC In Place:		N	El Indicator (HE / GW):N / N
ort-Term Gen:		Transfer Facility:		Offsite Receiver:		HSM:			Subpart K:
III Enforcement:		Converter: -		State Unaddressed S			ressed SNC:	N	
A Wrkld: ctive State Gen:	N N	State TSDF:		State Addressed SNo State SNC w/Comp S	5.9.	EPA Addres EPA SNC w	sed SNC: //Comp Sche	N d: N	
/iolation: Activity I	Location: NJ	Type: 262.A	Determin	ed Date: 10/06/2011	Determi	ned by Agency:	State	Re	esponsible Agency: State
Scheduled Comp	oliance Date: 03/0	09/2012	Actual Comp	oliance Date: 10/06/20	011	RTC Qualifi	ier: OBSERV	ED	Sequence Number: 300
Citation Informat		уре		ation					
	1 F	EDERAL REGULATION	262	2.11					
<b>CDI Evaluation</b>	10/06/2011	Activity Location: No	J By: Sta	ate Id	dentifier: 002	Person:	SOMWH	Branch:	Found Violation: YES
Citizen Con	nplaint: NO	Multimedia Inspecti	on: NO	Sampling: NO	Not Subtitle	C: NO	Day Zero:	10/06/2011	Focus Area:
Enforcement:	Activity Location	n: NJ	Type: 310		Action Date: 12/			Identifier:	001
Docket:			Agency: S		Responsib	le Person: SOM	/WI	Branch:	:
	formation: Prop		inal Monetary: \$	\$7,500 Colle	cted: \$7,500		inal: \$7,500		
CA Compo		Disposition				Initiated:			Appeal Resolved:
Enforcement: Docket:	Activity Location	n: NJ	Type: 210		Action Date: 06/	11/2012 le Person: SOM	A\	Identifier:	
	formation: Prog	d: ¢40,000	Agency: Sinal Monetary:		cted: \$7.500	ie Person. SON Total F		Branch:	
CA Compo	STREET,	Disposition		Colle		Initiated:	IIIai.		Appeal Resolved:
Enforcement:	Activity Location		Type: 120		Action Date: 02/			Identifier:	
Docket:	riourny Localio		Agency: S			le Person: SOM	//VI	Branch	
CA Compo	nent: Y	Disposition	Status:		Appeal	Initiated:			Appeal Resolved:
/iolation: Activity I	Location: NJ	Type: 262.B	Determin	ed Date: 10/06/2011	Determi	ned by Agency:	State	Re	esponsible Agency: State
Scheduled Comp	oliance Date: 03/2	24/2012	Actual Comp	pliance Date: 10/06/20	011	RTC Qualifi	ier: OBSERV	ED	Sequence Number: 301
Citation Informat	and the second second second second	ype EDERAL REGULATION		ation 2.20(a)					
CDI Evaluation	10/06/2011	Activity Location: N	J By: St		dentifier: 002	Person:		Branch:	Found Violation: YES
Citizen Con	nplaint: NO	Multimedia Inspecti	on: NO	Sampling: NO	Not Subtitle	C: NO	Day Zero:	10/06/2011	Focus Area:
Enforcement:	Activity Location	n: NJ	Type: 310		Action Date: 12/	11/2013		Identifier:	001
Docket:			Agency: S	State	Responsib	le Person: SOM	//VI	Branch:	:
Penalty In	20-21-00-00-00-00-00-00-00-00-00-00-00-00-00	enalty Information Printed	Above						
CA Compo	nent: N	Disposition	Status:		Appeal	Initiated:			Appeal Resolved:

<sup>\*</sup> Note: Penalty amount may not reflect all violations cited.

Report run on: March 10, 2017 - 2:04 PM

Enforcement:	Activity Location	· NV Two	e: 120	Action Date: 10/2	5/2013	Identifier: 001	
CEI Evaluation Citizen Com	07/31/2013 plaint: NO	Activity Location: NY Multimedia Inspection: NC	By: State Sampling: NO	Identifier: 001 Not Subtitle 0	Person: NYHHN C: NO Day Z	Branch: R2 Zero: 07/31/2013	Found Violation: YES Focus Area:
Citation Informat	The second secon	pe TATE REGULATION	Citation 374-3.2(d)(4)				
Scheduled Comp			tual Compliance Date: 11/1		RTC Qualifier: DOC		quence Number: 302
	ocation: NY	Type: 273.B	Determined Date: 07/31/20		ed by Agency: State	- Filesiyes (esse-	e Agency: State
A Wrkld: ctive State Gen:	N N	State TSDF:	State Addressed State SNC w/Cor	SNC: N	EPA Addressed SNI EPA SNC w/Comp S	C: N	
ort-Term Gen: Null Enforcement:		Transfer Facility: N Converter:	Offsite Receiver: State Unaddress	N ed SNC: N	HSM: EPA Unaddressed S	NO. N	art K:
enerator:	LQG	Transporter: N	Operating TSDF:		IC In Place:	N El Inc	licator (HE / GW):N / N
tivity Location: NY		State District: NYSDEC R2	Accessibility:	No	on-Notifier:	Extract Flag: Y	Active Site: Y
	TIC AVENUE; BR	NTIC YARDS OOKLYN, NY 11217 ROOKLYN, NY 11217	Count	y Name / Code: KING	S / NY047		NYR00017394 REGION 02
Enlarge medi	Acollytic Lucitishin	N. P.	- 123	ALCOHOLDS LOSZ	81077	GIU. 00/11/2012	
SNY Evaluation Citizen Com		Activity Location: NJ Multimedia Inspection: NC	By: State Sampling: NO	Identifier: 001  Not Subtitle (	Person:	Branch: ero: 06/11/2012	Found Violation: N/A Focus Area:
Citizen Com	plaint: NO	Multimedia Inspection: NC	Sampling: NO	Not Subtitle 0	C: NO Day Z		Focus Area:
SNN Evaluation	10/07/2011	Activity Location: NJ	By: State	Identifier: 001	Person:	Branch: NJDEP	Found Violation: NO
valuations With No V	iolations:						
48.88.44	4 1	n, cike-roken dari	Supercité :			прос	
Docket: CA Compo	nent: Y	Disposition Status	gency: State	Responsible Appeal I	e Person: SOMWI	Branch:	I Resolved:
Enforcement:	Activity Location	, , , , , , , , , , , , , , , , , , ,	pe: 120	Action Date: 02/2		Identifier: 001	
CA Compo		Disposition Status		Appeal I	nitiated:	Appea	I Resolved:
Penalty In	formation: Pe	enalty Information Printed Abov	Agency: State	Responsible	e Person: SOMWI	Branch:	
Docket:							

<sup>\*</sup> Note: Penalty amount may not reflect all violations cited.

Report run on: March 10, 2017 - 2:04 PM

olation: Activity Location: NY Scheduled Compliance Date:		Determined Date: 07/31/20 Actual Compliance Date: 11/1:		ed by Agency: State RTC Qualifier: DOCUM		ble Agency: State equence Number: 303
Control of the Contro	Type STATE REGULATION	Citation 374-3.2(d)(4)				
CEI Evaluation 07/31/2013 Citizen Complaint: NO	Activity Location: NY Multimedia Inspection:	By: State NO Sampling: NO	Identifier: 001 Not Subtitle (	Person: NYHHN C: NO Day Zero	Branch: R2 : 07/31/2013	Found Violation: YES Focus Area:
Enforcement: Activity Locati Docket:		ype: 120 Agency: State	All races on the contract of t	Person: NYHHN	Identifier: 001 Branch: R2	•
CA Component: N	Disposition Stat	us:	Appeal I	nitiated:	Арре	al Resolved:
	Туре	Determined Date: 07/31/20 Actual Compliance Date: 10/2: Citation		ed by Agency: State RTC Qualifier: DOCUM		ole Agency: State equence Number: 304
3	STATE REGULATION	374-3.2(e)				
CEI Evaluation 07/31/2013 Citizen Complaint: NO	Activity Location: NY Multimedia Inspection:	By: State NO Sampling: NO	Identifier: 001 Not Subtitle (	Person: NYHHN C: NO Day Zero	Branch: R2 : 07/31/2013	Found Violation: YES Focus Area:
Enforcement: Activity Locati Docket: CA Component: N	on: NY  Disposition State	ype: 120 Agency: State us:	Action Date: 10/2 Responsible Appeal I	Person: NYHHN	Identifier: 001 Branch: R2 Appe	al Resolved:
olation: Activity Location: NY	Type: 273.B	Determined Date: 07/31/20		ed by Agency: State		ole Agency: State
	Type STATE REGULATION	Actual Compliance Date: 11/1: Citation 374-3.2(f)	3/2013	RTC Qualifier: DOCUM	ENTED S	equence Number: 305
CEI Evaluation 07/31/2013 Citizen Complaint: NO	Activity Location: NY Multimedia Inspection:	By: State NO Sampling: NO	Identifier: 001 Not Subtitle 0	Person: NYHHN C: NO Day Zero	Branch: R2 : 07/31/2013	Found Violation: YES Focus Area:
Enforcement: Activity Locati Docket:	on: NY	ype: 120 Agency: State	Action Date: 10/2 Responsible	5/2013 Person: NYHHN	Identifier: 001 Branch: R2	
CA Component: N	Disposition State	us:	Appeal I	nitiated:	Арре	al Resolved:
olation: Activity Location: NY Scheduled Compliance Date:		Determined Date: 07/31/20 Actual Compliance Date: 11/1:		ed by Agency: State RTC Qualifier: DOCUM		ole Agency: State equence Number: 306
	Type STATE REGULATION	Citation 374-3.2(g)				

<sup>\*</sup> Note: Penalty amount may not reflect all violations cited.

Report run on: March 10, 2017 - 2:04 PM

Page 5

Enforcement: Docket:	Activity Location:		e: 120 ency: State	Action Date: 10/25/2 Responsible Pe		Identifier: 001 Branch: R2	
CA Component: N		Disposition Status:		Appeal Initia	ated:	Appeal Resolved:	
valuations With No Vio	lations:			Les and a Share a			
<b>CAV</b> Evaluation	11/15/2012	Activity Location: NY	By: EPA	Identifier: 001	Person: R2JDW	Branch: RCB	Found Violation: NO
Citizen Comp	laint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: N	NO Day Zero:	11/15/2012	Focus Area:

<sup>\*</sup> End of Report \*

<sup>\*</sup> Note: Penalty amount may not reflect all violations cited.

Report run on: March 10, 2017 - 2:04 PM

### Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
El Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators.  HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)  GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility.  It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

<sup>\*</sup> Note: Penalty amount may not reflect all violations cited.

Report run on: March 10, 2017 - 2:04 PM

#### Description of codes used on the report:

Code	Description
В	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
С	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and s suspected of conducting RCRA-regulated activities without proper authority:		
Code	Description	
Е	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.	
0	indicates that the handler is a former non-notifier.	
Х	indicates that the handler is a non-notifier.	

Violation Type	Description
262.A	GENERATORS - GENERAL
262.B	GENERATORS - MANIFEST
273.B	UNIVERSAL WASTE - SMALL QUANTITY HANDLERS

Evaluation Type	Type Description	
CAV	COMPLIANCE ASSISTANCE VISIT	
CDI	CASE DEVELOPMENT INSPECTION	
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE	
SNN	NOT A SIGNIFICANT NON-COMPLIER	
SNY	SIGNIFICANT NON-COMPLIER	

<sup>\*</sup> Note: Penalty amount may not reflect all violations cited.

Report run on: March 10, 2017 - 2:04 PM

Page 8

## Description of codes used on the report:

Enforcement Type	Enforcement Description	
120	WRITTEN INFORMAL	
210	INITIAL 3008(A) COMPLIANCE	
310	FINAL 3008(A) COMPLIANCE ORDER	

<sup>\*</sup> Note: Penalty amount may not reflect all violations cited.